

Unum Life Insurance Company of America ("Unum"). Dediemar was employed by Schwab as an IT Manager. He submitted a claim for disability benefits, stating that he had been unable to work since September 18, 2000. The Plan accepted Dediemar's claim, and paid him benefits for the period April 16, 2001 – April 16, 2003. The Plan closed Dediemar's claim as of April 2003, based on a Plan provision limiting benefits for disabilities due to mental/nervous disorders to 24 months (in Dediemar's case, bi-polar disorder and depression). Dediemar disputes this decision, and alleges that his disability is due to a physical condition (brain trauma and memory loss caused by electroshock therapy).

("Schwab"). The Plan included a group long term disability policy ("LTD Policy") insured by

In February 2005, Unum (the claims reviewing entity) offered to reassess

Dediemar's claim. In September 2006, Unum instructed Dediemar to complete and return
an information form. Dediemar alleges that he sent this material to Unum in October 2006.

Unum's records indicate that Unum never received this information.

The principal factual issue in dispute is whether Unum abused its discretion in determining that Plaintiff is not entitled to benefits after April 16, 2003 under the terms of the Plan.

## 3. Legal Issues

- a. The appropriate amount of judicial deference to the claims decision. See *Abatie v. Alta Health & Life Ins. Co.*, 458 F.3d 955 (9<sup>th</sup> Cir. 2006).
  - b. Whether Plaintiff is entitled to additional benefits under the terms of the Plan.

#### 4. Motions

Defendant anticipates filing a motion for summary judgment.

#### 5. Amendment of Pleadings

None.

### 6. Evidence Preservation

Defendant provided Plaintiff with a copy of the Administrative Record in this matter with its Initial Disclosures.

# 7. <u>Disclosures</u>

Defendant has served its Initial Disclosures pursuant to FRCP 26(a)(1).

Defendant will disclose the individuals likely to have discoverable information (Unum employees, Schwab employees and Plaintiff's treating physicians), and provide a copy of the Administrative Record.

#### 8. Discovery

Defendant submits that the Court's determination as to whether the Plan abused its discretion is limited to a review of the Administrative Record. Defendant has provided Plaintiff with the Administrative Record in this matter with its Initial Disclosures, accordingly, no discovery should be allowed.

## 9. Class Actions

Not applicable.

### 10. Related Cases

None.

#### 11. Relief

Defendant contends that, if Plaintiff establishes that he is disabled due to a physical injury, he will be entitled to recover past benefits, reduced by any applicable offsets. Defendant further contends that ERISA does not provide for the payment of future benefits. In addition, the award of attorney's fees in any amount to the prevailing party is within the sound discretion of the Court.

#### 12. Settlement and ADR

The parties have stipulated to private mediation. A mediation session was held on October 15, 2007. The matter did not settle, but settlement discussions are continuing.

# 13. Consent to Magistrate Judge for All Purposes

Defendant does not consent to assignment to a magistrate judge for all purposes.

## 14. Other References

The parties do not believe that this case is suitable for reference to binding

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